DEPARTMENT OF COMMERCE
Bureau of the Census

FILED NOV 24 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33270

Registration District No. 7911 Primary Registration District No. 1003 Registrar's No. 8225

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DEATHS:

(a) State Mo. (b) County

(c) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 6727 Arsenal
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Ida Wildfong

3. (b) If veteran, name war No.

3. (c) Social Security No. No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Daniel Wildfong

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased July (Month) 25 (Day) 1878 (Year)

8. AGE: Years 63 Months 2 Days 19 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Henry Viselmann

13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER 14. Maiden name Unknown

15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant's own signature Daniel Wildfong

(b) Address 6727 Arsenal

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/17/41 (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director Schumacher Co

(b) Address 3013 Meramec

19. (a) OCT 16 1941 (Date received local registrar) (b) J T Bridgeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 14 year 1941 hour 4.30 minute P. M.

21. I hereby certify that I attended the deceased from June 10, 1934, to Oct 13, 1941; that I last saw her alive on Oct 13, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis — Duration 3 years

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature P B Cappel (M. D. or other)

Address 3244 Indiana Date signed 10-16-41

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39 — 1 x19511

3284 [illegible]

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
George [illegible], Registered Apprentice No.....;
working under my personal supervision.

Signed George [illegible]

Licensed Embalmer No. 2906

P. O. Address 3013 [illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.